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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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Application Number	09/937-518			
Filing Date	01/25/02			
First Named Inventor	Jonathan Mark Cooper			
Group Art Unit	1743			
Examiner Name	Unknown			
Attorney Docket Number	9013-37			

To: Assistant Commissioner for Patents Washington, DC 20231							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this request are:							
Pursuant to client instructions.							
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City	Madison	State	WI	ZIP	53701-1806		
Country	USA						
Telephone	608-257-3501	Fax	608-283-2275				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents associated with Customer Number20792 This request is enclosed in triplicate (including any attachments).							
Name Mitchell S. Bigel, #29,614							
Signature (Leavence of Fil							
Date Marc	h 12, 2002						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

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